

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	4		11/27/00
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	MH	920	12-07-01
<b>RESPONSE FORMALITY REVIEW</b>	M.D.	625	05-02-02

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/4/02
2	✓	✓	12/4/02
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	0		
8			
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11			
12	1		
13	0		
14	✓	✓	
15	0	=	
16			
17	0	=	
18	0	=	
19	✓	✓	
20	✓	✓	
21	✓	=	
22	0	=	
23	0	=	
24	0	=	
25	0	=	
26	✓		
27	0		
28	✓	✓	
29	0	=	
30	0	=	
31	0	=	
32	0	=	
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34	=	=	
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44	1		
45	0	=	
46			
47	-	✓	
48	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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